

STATE OF WASHINGTON
WASHINGTON STATE HEALTH CARE AUTHORITY
REQUEST FOR APPLICATIONS (RFA)
NO. 13-001
Amendment 2
04/29/13

This is an amendment to RFA 2013-003 issued by the Washington State Health Care Authority on April 17, 2013 and Amendment 1 issued on April 17, 2013, for the Washington Strategy 2 Financial Alignment Demonstration.

Question No.	RFA Section or Issues	Bidder Questions	HCA Response
1	3-Way 5.6.2	Also, the retention periods remain in the revised contract. A 60-day retention period is included in S. 5.6.2 on page 48 of the revised Version 3 contract and a 90-day retention period is on page 148 in S. 15.11.4. Please clarify.	It is a 60-day retention period.
2	3-Way 6.3	When will this section be developed?	To be determined. Will provide notification to Bidders when section is developed.
3	3-Way 6.7.1	Is the Hospital Safety Net language valid to this contract?	No. This language is not valid for this contract.
4	3-Way 7.14	Detail is needed about how eligible clients will be assigned to qualified health plans? What algorithm will be used?	Still under consideration. Bidders will be notified when the algorithm is determined.
5	3-Way 8.2.1.1	Could the clinical PIP overlap with the PIP being done for the HO-BH contract?	This will be dependent upon the clinical PIP that is chosen by the health plan. The clinical PIP may overlap, but must be appropriate to the population served and will need prior approval by HCA.
6	3-Way 8.13.5	Is their a uniform definition for "incident"?	Still under consideration. Bidders will be notified once defined.
7	3-Way 13	Is there more work to be done on the integration of the State and CMS Grievance Systems?	Yes, there will be negotiations with CMS on the combined grievance procedures as part of the MOU and 3-way contract development.
8	3-Way 16.1.6	Is the "required enrollee-to-Intensive Care Coordinator ratio set, or is this for the plans to determine?	This language has been removed from 16.1.6. The evaluation of the program will determine if the ratio of enrollee to Care Coordinator is sufficient.
9	RFA Section 6	It is unclear what information the state seeks to solicit in the questions within Section 6 Standard Project Requirements. Is submission of the Appendix C attestation adequate or should an additional narrative response be included?	Per Section 5.2 Proposal Format, those sections marked with an (M) requirements (M) the Bidder must always indicate explicitly whether or not the Bidder's proposed solution meets the requirement. At statement stating this "This is confirmed" is acceptable. Please see section 5.2 for further detail for submitting a response.
10	RFA Section 7	On page 52, the meaning of section 7.12.14 is unclear. Is the state indicating that it wants separate responses for 7.12.4.1 Psychiatric Hospitalization and 7.12.4.2 Detoxification Services and that each response has a 5 page limit? Or that the state specifically wants psychiatric hospitalization and detoxification services addressed in the response?	This is a misprint and will be removed
11	General	We have received various explanations regarding what will happen to current MA SNPs in the Duals Demo. Please clarify the following: • Will current beneficiaries enrolled in MA SNPs be passively enrolled in health plans selected to participate in the Duals Demo? Or will these beneficiaries remain in their previous MA SNP plans, regardless of whether those plans are approved for participation in the Duals Demo?	The State is striving for no disruption in care. Keeping that goal in mind, the following policy decision should support no disruption in care. If a Dual eligible is an enrollee of a MA-SNP who is one of the successful bidders of the demonstration, the MA-SNP enrollee will be passively enrolled into the corresponding demonstration plan. This should be a behind the scenes activity between the State, the health plan and CMS, working in conjunction to allow a smooth transition from one delivery system to another. If a Dual eligible is an enrollee in a MA-SNP that is not participating in the demonstration, they will not be passively enrolled in the demonstration. If they want to enroll in the demonstration, they will need to take action by disenrolling from their current MA-SNP and voluntarily enrolling in the demonstration.
12	General	Is there an expectation that, if/when the Developmental Disability population is phased in over the 3-year demonstration period, MMI plans will cover and arrange for the provision of supported living services such that plans will need to have a network of supported living providers?	Yes
13	General	The draft contract mentions both a 60-day retention period (and a 90-day retention period, however the RFA does not. Please clarify.	It is a 60-day retention period.
14	General	In general, there still appears to be some disconnect between some of the model of care elements in Duals vs. Health Homes. One example is the definitions of screens, assessments and treatment plans, which overlap, but appear to be different between Duals and Health Homes. Will there be additional efforts to align these language between these two contracts?	This question has a number of confounding elements that are being closely examined by the State. The delivery of intensive care management, which is being described as a Health Home in the current draft contract, will most likely change based on contract negotiations between the state and CMS. The other confounding problem is a newly arrived understanding of the differences between the Health Home delivery system for Managed Fee-for-Service duals and the 3-way integrated contract for duals. <u>The effort will probably not be to align the language between the two contracts, but to clearly delineate how the screening, assessment and treatment plans should be administered via intensive care management.</u>
15	General	In referencing the Healthpath Advisory Team Comment to the Three Way Document, there are a number of questions that noted follow up with CMS. Could you please provide updates on those conversations.	The State has not yet had specific discussions with CMS regarding the out standing issues that were noted in the HAT comments to the Draft 3-way contract.
16	Section 5.2	This section states that the Bidder needs to restate the question number and text of the requirement in sequence and then write the response immediately after the requirement statement. Do we have to include the entire text of the question, or just a certain part of the question? If it is only a certain part, which part of the question do we have to restate? Is this different for Sections 6, 7, 8, and 9?	For the purpose of this RFA, please restate the question number and titles only for Sections 6, 7, 8 and 9. Example: 7.1 (M) Introduction Statement and Qualifications. Plans Response

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17	Section 7.1	As a clarification, are we only to include attachments for Questions 7.2 and 7.12, which request optional documentation?	You can provide attachments for all Sections. However, for Sections 8 and 9, attachments will be included in the page limitation per county. For the optional documentation provided in Section 7.2 and 7.12, it will not count towards the page limitation requirement.
18	Section 7.1	In cases where the RFA requests supporting documentation, should the documents be included behind the question, or should there be a separate section/tab labeled attachments?	Supporting documentation should be included with the specific section.
19	Appendix E	This Appendix only contains information for King County. Will information about the demographics of Snohomish also be available?	Appendix E, for both King and Snohomish County are on the HCA Website at: http://www.hca.wa.gov/rfp/Forms/contracts_view.aspx?RootFolder=%2frfp%2fHealthpath%20Washington&FolderCTID=0x0120005762AA51FB8AC2459B1C017AE724AEA0
20	Case Studies 8.1	Can the state address some inconsistencies in Case Study 8.1? The study states that the beneficiary is a 55 year old Chinese immigrant that came to Seattle in 1957. However, that is that is 58 years ago. It is unclear whether she was born in China, the United States, or elsewhere.	For this purpose, the beneficiary was born in China.
21	General	Do page limitations apply to attachments?	See response to Questions 20.
22	7.3.3	This qualification requires a specific description for King County and a specific description for Snohomish County based on the characteristics of the dual eligible beneficiaries residing in each county. For plans bidding for both counties, is the response 5 pages for each county?	The response is 5 pages per county. This will be consistent with other section that require a response based on a specific description for Snohomish and King County.
23	3-Way Section 5	Will successful bidders retain their existing SNP enrollees when awarded a contract?	If the successful bidder has an existing MA-SNP and is awarded a contract for the demonstration and their MA-SNP enrollee is passively enrolled in the demonstration, the State interprets that as retainment of existing MA-SNP enrollees.
24	3-Way Contract, Section 5	Will contracted health plans automatically be assigned reconnects?	The ProviderOne system which automates reconnects is currently undergoing changes to accommodate the new program. Automatic reassignment for reconnects is still undergoing review.
25	3-Way Contract, Section 5.9.4	"The Contractor shall have ten (10) calendar days from the receipt of the data files to notify the Health Care Authority in writing of the refusal of an application for enrollment or any discrepancy regarding the Health Care Authority's proposed enrollment effective date." What are valid reasons for refusal of an application? What scenarios could arise in which there would be a discrepancy of proposed enrollment effective date?	The demonstration plan must deny enrollment to any individual who does not agree to abide by the rules of the MMP. In this context, agreement to abide by the rules of the MMP is made through the completion of the enrollment request (Medicare) or by not declining passive enrollment.
26	Section 7.10.3	This qualification requires a specific description for King County and a specific description for Snohomish County based on the characteristics of the dual eligible beneficiaries residing in each county. For plans bidding for both counties, is the response 5 pages for each county?	Appendix E, for both King and Snohomish County are on the HCA Website at: http://www.hca.wa.gov/rfp/Forms/contracts_view.aspx?RootFolder=%2frfp%2fHealthpath%20Washington&FolderCTID=0x0120005762AA51FB8AC2459B1C017AE724AEA0
27	General	Please explain how the members will be passively enrolled into the DUALs demo plan that does not have an existing MA DSNP plan. And specifically how this will work if one plan in the county have an existing MD SNP and the plan does not.	The details for passive enrollment from FFS to a demonstration plan and the policy decisions to support the implementation of passive enrollment are underway.
28	General	Is there a potential to have one MCO operating two distinct MA SNP's in one County. One that is current operation and one approved specifically for the DUALS demo.	CMS does not consider the demonstration plans to be Medicare Advantage Dual Special Needs Plans, so these two lines of business are distinct from each other. But, if you are asking if a demonstration plan may also have a MA-SNP line of business in the same county, then the answer is yes.
29	General	Please clarify whether the published DUALs counts include or exclude current MA SNP enrollees.	The published DUALs count included the current MA SNP enrollees.

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30	Appendix E	As a follow-up to our question on April 19th, data for King County is visible and identified whereas Snohomish County is not. We are still unable to read the Snohomish County demographic information in the PDF Appendix E. Can the State please provide the Snohomish County demographic information?	Appendix E, for both King and Snohomish County are on the HCA Website at: http://www.hca.wa.gov/rfp/Forms/contracts_view.aspx?RootFolder=%2frfp%2fHealthpath%20Washington&FolderCTID=0x0120005762AA51FB8AC2459B1C017AE724AEA0
31	Questions 7.2 and 7.12 - Optional Documentation	At the Bidder's Conference on April 19th, the State informed us that the optional documentation would be included in the five (5) page response limitation for these questions. Regence strongly recommends that the documentation not be included in the page count as it would be very difficult to provide a detailed response to the question while also submitting the optional accompanying documentation.	Please see response to questions 20.
32	Section 7.11	Just for clarification, is the supporting documentation for 7.11.2 included in the five (5) page response limitation?	Please see response to questions 20.
33	Section 5.2	Due to page limitations, would HCA consider allowing the minimum font size to be 11 point?	Yes, font size can be reduced to 11 Point.
34	Section 5.2	Please confirm that HCA will allow tables, charts, graphs to be in a smaller font size such as 10pt or 9pt.	Please HCA response to Q37.
35	Section 5.2	Paragraph 7 states that bidders should title and number responses by "restating the question number and text of the requirement in sequence and writing the response immediately after the requirement statement." The requirements often take up as much as half of a page. Please confirm that the question # and text of the requirement will not count toward the page limits or that bidders can abbreviate the requirement to allow bidders adequate space to fully respond to each question.	For the purpose of this RFA, please restate the question number and titles only for Sections 6, 7, 8 and 9. Example: 7.1 (M) Introduction Statement and Qualifications. Plans Response. The RFA question # and text of the requirement will not count toward the page limit.
36	Section 6	Please confirm that Section 6 requires only that the Bidding entity respond with a confirmation statement stating we will comply with all requirements within each sub section as stated and that no other information is required.	Per Section 5.2 Proposal Format, those sections marked with an (M) requirements (M) the Bidder must always indicate explicitly whether or not the Bidder's proposed solution meets the requirement. At statement stating this "This is confirmed" is acceptable. Section 6.1 Does require that you review, sign and submit Appendix C.
37	Section 7.12.4	Are the subheadings 7.12.4.1 and 7.12.4.2 within this subsection a misprint, or should this information be located in another section?	See response to Questions 13.
38	Section 10	Paragraph #2 refers to a Letter of Intent, as does the definitions on page 8 of the RFA, however, a Letter of Intent is not referenced anywhere else in the RFA. Are these references actually referring to the Letter of Submittal?	This is a misprint and this should refer to the Letter of Submittal.
39	Exhibit A	Exhibit A Letter of Submittal instructions state the Bidder is to provide a response in the space provided unless otherwise directed to submit on a separate page. Section f in the Letter of Submittal only allows for one entry. Will HCA please confirm the Bidder can submit Section f on a separate page?	Yes, the bidders can submit Section F on a separate page for multiple entry's.
40	General	How does the State anticipate the RSN will be involved in managing the care of the dual beneficiaries enrolled in the duals demonstration program?	The MMIP will need to have operational agreements in place with the local RSN that address coordination of carved out services (ITA) to support the enrollee's care. There will be discussions with the successful bidders, State, and County representatives to work through those processes.
41	Section 3.5	The link where the Q&A will be posted (http://www.hca.wa.gov/rfp.html) goes to a page that says "The Health Care Authority Website has moved!". Is there another link that will go to the Q&A document when posted, and if so, what is that web address?	The HCA website is currently under construction. Please use the link provided below and select the HP2 RFA. http://www.hca.wa.gov/Pages/rfp.aspx
42	General	At the 4/19/13 Bidders Conference, the State indicated that SNPs without an MMP would retain their SNP enrollees. Can you clarify if that means that the SNP would retain just the enrollees who would not be eligible for enrollment into the MMPs – those with Medicaid eligibility other than QMB+ and SLMB+ – or if this means that a SNP operating in King County, for example, would keep its SNP enrollees in King County, even if some of those SNP enrollees are eligible for the MMP(s) operating in that county?	The MA SNP would retain all of their members who are eligible for the demonstration if they were not a successful bidder (will not be passively enrolled). However, if the Dual wanted to participate in the demonstration they would need to disenroll from the MA SNP and voluntarily enroll in the demonstration.
43	General	Please confirm that individuals who have voluntarily enrolled in Medicare Advantage, including Special Needs Plans, similar to those in PACE will not be subject to passive enrollment, but may elect to participate in the demonstration at any time.	If a Dual eligible is a member of a MA SNP who is one of the successful bidders of the demonstration they will be passively enrolled i and assigned to their current MCO. If a Dual eligible is a member in a MA SNP and they are participation in the demonstration the Dual will not be passively enrolled. If the Dual is a member of a MA SNP who is not participating in the demonstration and they want to enroll they will need to disenroll from their current MA SNP and voluntarily enroll in the demonstration.
44	General	During the Bidder's Conference held on April 19th, HCA indicated that bidders would be allowed a total limit of 5 pages for their responses specific to King and Snohomish counties. Please clarify if HCA is requesting separate proposals to be submitted for each county or if only one proposal is required.	Only one proposal is necessary, however for the county specific questions the bidder must be clear in their response to adequately answer the question for <u>each</u> county.
45	Section 7.1	Please clarify if HCA is requesting a response to section 7.1 and, if so, what is the page limit?	Per Section 5.2 Proposal Format, those sections marked with an (M) requirements (M) the Bidder must always indicate explicitly whether or not the Bidder's proposed solution meets the requirement and/or understands and has read this requirement. A statement stating this "This is confirmed" is acceptable. Please see section 5.2 for further detail for submitting a response.
46	Section 7.1	Section 7.1 states, "The response may reference supporting information contained in other responses within Section 7." Please clarify if this is only specific to the response to 7.1 or if bidders may reference between separate questions contained within Section 7.	Bidders may reference between separate questions contained within Section 7.